MSCCU Benefits Information Sheet

Anthem Blue Cross Options for 2025-2026 Benefit Plan Year (Oct. 2025 - Sept. 2026)

Anthem Dide Cros															
Brief Summary of Benefits	GROUP #40453A		GROUP # 40453E		Æ	GROUP # 40453B			GROUP # 40453C			GROUP # 40453D			
Professional Services:															
Office Visits / Urgent Care Co-pay	\$0 co-	. ,	\$20 co-pay			\$	20 co-pay		\$	20 co-pay			90%		
Scans: CT, CAT, MRI, PET, etc.	100%			100%			90%			80%			90%		
Diagnostic X-ray & Laboratory Procedures	100%			100%			90%			80%		90%			
Infertility (diagnosis/treatment of infertility)	Not Cov	vered	No	t Covered		No	ot Covered		Not Covered			Not Covered			
Preventive Care Services	Deductible	: Waived	Deductible Waived			Dedu	ictible Waive	ed	Deductible Waived			Deductible Waived			
(includes physical exams & screenings)	100	·%	100%		100%		100%		100%						
Hospital and Skilled Nursing Facility Services:															
Emergency Room (\$100 co-pay waived if admitted)	100	%	100%			90%			80%			90%			
Inpatient Hospital (preauthorization required)	100	ı%	100%			90%			80%				90%		
Outpatient Hospital (preauthorization required)	100	ı%	100%		90%		80%		90%						
Surgery, Outpatient (performed in an ambulatory surgery center)	100%		100%			90%			80%			90%			
Surgery, Outpatient (performed in a hospital)	100	1%	100%			90%			80%			90%			
Mental Health Services & Substance Abuse Treatment:			•			•		'							
Inpatient Care: Facility Based (preauthorization required)	100	1%	100%			90%			80%			90%			
Outpatient Care: Facility Based	Deductible	Waived	Deductible Waived			Dedu	ctible Waive	ed	Deductible Waived						
(preauthorization required)	office visit co-pay applies		office visit co-pay applies			office visit co-pay applies			office visit co-pay applies		90%				
Other Services:		. ,					, , ,	•		. ,	' '				
	100	10/		4000/			000/			000/			000/		
Acupuncture (limits apply)			100%		90%		80%		90%						
Ambulance (ground or air) (\$100 co-pay)	100%		100%		90%		80%		90% 90%						
Chiropractic (limits apply)	100%		100%		90%		80%								
Durable Medical Equipment (DME)	100%		100%		90%		80%		90%						
Hearing Aids	Member pays cost in		Member pays cost in		Member pays cost in		Member pays cost in		Member pays for cost in						
(\$700 benefit allowance per 24-month period)	excess of allowance		excess of allowance		excess of allowance		ice	excess of allowance		excess of allowance 90%					
Physical Therapy and Occupational Therapy (limits apply)	100	·%	 	100%			90%			80%		<u> </u>	90%		
individual / Family Deductible(s) - A portion of the covered															
expenses that an individual must pay before benefits are paid by	\$100 per individual			\$100 per individual		\$100 per individual \$300 family			\$300 per individual \$600 family			\$3400 per individual \$6800 family			
the insurance plan. Deductibles are per calendar year.	\$300 fa	amily	\$300 family												
Individual / Family Out of Pocket Max (OOP Max) The OOP	 		 									 			
Max is the most you have to pay in deductibles, co-insurance			\$1000 per individual			\$1000 per individual			\$1000 per individual			\$6000 per individual \$12,000 family			
and co-pays for covered health services during a calendar year.	\$1000 per individual														
All deductibles, co-insurance and co-pays apply to the calendar	\$3000 family		\$3000 family			\$3000 family			\$3000 family						
vear OOP maximum.		·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
year oor maximum.		_	<u> </u>									<u> </u>			
				cription Dru			0 1			0 1			0 1		
		Costco	Network	Costco		Network	Costc		Network	Costo		Network	Costo		
		alk-in Mail	Walk-in	Walk-in	_	Walk-in	Walk-in	Mail	Walk-in	Walk-in	Mail	Walk-in	Walk-in	Mai	
Days supply	30 30		30	30 90	90	30	30 90	90	30	30 90	90	30	30 90		
Generic Cost		e Free Free		Free Free		\$9	Free Free		\$9	Free Free			Free Free		
Brand Name Cost				\$35 \$90		\$35	\$35 \$90	\$90	\$35	\$35 \$90	\$90	\$35	\$35 \$90		
Out-of-Pocket Maximum	\$2500 individual		\$2500 individual			\$2500 individual			\$2500 individual				d RX are comb ax. Rx subject		
· · · · · · · · · · · · · ·			\$3500 family			\$3500 family			\$3500 family						
	\$3500 f	family	\$3.	500 family		\$3	3500 family		\$3	3500 family			ax. Rx subject (The deductibl		

booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

indicated and prior to receiving the Costco RX Benefit).

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	GROUP # 40453A	GROUP # 40453E	GROUP # 40453B	GROUP # 40453C	GROUP # 40453D					
Medical / RX / Behavioral Monthly Cost	\$1,889.00	\$1,783.00	\$1,726.00	\$1,573.00	\$1,124.00					
TOTAL COST w/ Delta Dental Premier (Incentive) Plan	\$2,024.85	\$1,918.85	\$1,861.85	\$1,708.85	\$1,259.85					
TOTAL COST w/ Delta Dental PPO Plan	\$2,012.85	\$1,906.85	\$1,849.85	\$1,696.85	\$1,247.85					
Employer Contribution/Monthly	\$1,429.17	\$1,429.17	\$1,429.17	\$1,429.17	\$1,429.17					
11 MONTH EMPLOYEE COST										
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$649.83	\$534.20	\$472.01	\$305.11	-\$184.71					
Employee's Cost/Monthly with Delta Dental PPO	\$636.74	\$521.11	\$458.92	\$292.01	-\$197.80					
12 MONTH EMPLOYEE COST										
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$595.68	\$489.68	\$432.68	\$279.68	-\$169.32					
Employee's Cost/Monthly with Delta Dental PPO	\$583.68	\$477.68	\$420.68	\$267.68	-\$181.32					

Note: Monthly costs include: Medical, Dental, Vision, Life Insurance & Administrative Fee